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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Shaheen for Senate PO Box 75357 ADDRESS (number and street) (Check if address is changed) Washington 20013 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@evanskatz.com (Check if address is changed) Optional Second E-Mail Address brittany@evanskatz.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.jeanneshaheen.org (Check if address is changed) DATE 2020 C00457325 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Goode, Kathleen, H,, Type or Print Name of Treasurer Goode, Kathleen, H,, [Electronically Filed] 80 17 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Comjinformation below.)	plete the candidate
Nam Cand	didate	Shaheen, Jeanne, , ,	
	didate y Affiliati	on DEM Office Sought: House Senate President	State NH District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	Democratic,
(d)		· · · ·	Republican, etc.) Party.
Poli	itical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

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Write or Type Committee Name		, ago o
Shaheen for Se	nate	
	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership BAC Sponsor
-		or Leadership PAC Sportsor
Shaheen Victory Fund	2020 	
Mailing Address	PO Box 75357	
Mailing Address		
	WashingtonDC	20013
	CITY STATE	7ID CODE
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representat	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ify by name, address (phone number optional) and position of the pe	rson in possession of committee
Evans, Dia	ne, , ,	
Full Name	PO Box 75357	
Mailing Address		
	Washington DC	,20013
	Washington	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	02 548 - 0880
3. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
Full Name Goode, Kat	nleen, H, ,	
of Treasurer	122 Wilson Ave	
Mailing Address	22 Wilson Ave	
	Concord	03301-2229
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	02 548 0880

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depository, etc.	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	
	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW	ZIP CODE
Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc. Woodsboro Bank 6 W Patrick St	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc. Woodsboro Bank 6 W Patrick St	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc. Woodsboro Bank 6 W Patrick St	ZIP CODE

FEC Form 1S (Revised 02/2017)

(g) o	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
	Name of Any Connected Shaheen Smith 20	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
		J20 		
	Mailing Address	918 Pennsylvania Ave SE		
		Washington	DC DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Represent	ative Leadership PAC Sponso
			Tundraioning Hoproconic	Loadolollip Me epolico
		by name, address (phone number – optional)	I i i i i i i i i i i i i i i i i i i	
i.	Designated Agent: Identify			
i.	Designated Agent: Identify Full Name			
i.	Designated Agent: Identify Full Name			
	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Designated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
	Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Primar	by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
	Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	composition of the properties of the state o	STATE A lephone Number	ZIP CODE A
	Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Primar	ries: List all banks or other depositories in which taintains funds. y Bank New Hampshire	STATE A lephone Number	ZIP CODE A
	Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds. y Bank New Hampshire 207 Route 101	STATE A lephone Number the committee deposit	ZIP CODE ZIP code statement of the control of the code of the
	Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds. y Bank New Hampshire	STATE A lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ated Committee, Joint F	FEC ID n FEC ID n FEC ID n FEC ID n	umber C umber C	Leadership PAC Spons
		FEC ID r	umber C	Leadership PAC Spons
		J FEC ID r	umber C	Leadership PAC Spons
				Leadership PAC Spons
Organization, Affilia	ited Committee, Joint F	undraising Repre	sentative, or	Leadership PAC Spons
Organization, Affilia	nted Committee, Joint F	undraising Repre	sentative, or	Leadership PAC Spons
	<u> </u>			
018 Pennsylvania	Ave SE			
910 Fermsylvania	Ave SL			
Washington			DC	20003
	CITY A	S	STATE A	ZIP CODE ▲
y by name, address ((phone number – optiona	l)		
			1 1 1	
		ST	L	ZIP CODE ▲
I ▼	5 _			
		Telephone Num	ber	
f	Washington ed Organization fy by name, address (CITY A ed Organization Affiliated Committee fy by name, address (phone number – optional	Washington CITY God Organization Affiliated Committee Flow by name, address (phone number – optional) CITY Solution Solution CITY Solution Solu	Washington CITY ▲ STATE ▲ ed Organization Affiliated Committee X Joint Fundraising Representative fy by name, address (phone number – optional)

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ō(g)	or(h). Joint Fundraisin	g Participant:	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected Shaheen Jones V	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Mailing Address	918 Pennsylvania Ave SE		
		Washington	DC	20003
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name	CITY CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) or ((h). Joint Fundraising	y Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. N	Senate Incumbent	Organization, Affiliated Committee, Joint Fundrais Victory Fund	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	611 PENNSYLVANIA AVE SE NUM 143		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponsor
_				
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
8. D	Pesignated Agent: Identify Full Name	by name, address (phone number – optional)		
8. D		by name, address (phone number – optional)		
– 8. D	Full Name	by name, address (phone number – optional)		
— 8. D	Full Name	by name, address (phone number – optional)		
– 8. D	Full Name	CITY A	STATE A	ZIP CODE A
– 8. D	Full Name	CITY A		
— 9. B sa	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ phone Number	ZIP CODE A
9. B	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mails after the property of the pository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ phone Number	ZIP CODE 🛦
9. B	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ phone Number	ZIP CODE 🛦
9. B	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mails after the property of the pository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ phone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisii	ig Participant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected Shaheen McGrat	Organization, Affiliated Committee, Joint Fuh Victory Fund	ndraising Representat	ive, or Leadership PAC Spon
Mailing Address	918 Pennsylvania Ave Se		
	Washington	DC	20003
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
	Affiliated Committee x J	oint Fundraising Represe	ntative Leadership PAC Sp
esignated Agent: Identif			ntative Leadership PAC Sp
esignated Agent: Identif			ntative Leadership PAC Sp
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esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai JUSTICE CUNNINGHAM GIDEON G		
	Mailing Address	611 PENNSYLVANIA AVE SE		
		NUM 143		
		WASHINGTON	DC	20003
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
			STATE A	
	TITLE OR POSITION	V 0111 2	SIAIL	ZII OODE A
		Tele	ephone Number	
0				
9.	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which th intains funds.	e committee deposi	ts funds, holds accounts, rents
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9.	Name of Bank, Depository, etc.		e committee deposi	ts funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		e committee deposi	ts funds, holds accounts, rents